



## NFL Player Benefits

200 St. Paul Place • Suite 2420 • Baltimore, Maryland 21202-2040  
410-686-5069 • 800-638-3186 • Fax 410-783-0041



July 12, 2000

Mr. Andre T. Royal  
6333 Lilly Pad Court  
Charlotte, NC 28262

Re: Application for Disability Benefit  
Bert Bell/Pete Rozelle NFL Player Retirement Plan

Dear Mr. Royal:

Pursuant to our conversation, enclosed is an application for disability benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Also enclosed is a Physician's Report Form which should be completed by the neutral physician in your area. Please make an appointment with:

Dr. William C. Horton  
2165 North Decatur Road  
Decatur, GA 30033  
(404)778-7000

As you know, the Bert Bell/Pete Rozelle NFL Player Retirement Plan assumes no responsibility for payment of fees in conjunction with your examination unless you are awarded a benefit. In other words, you are responsible for the exam fee, and if approved, you may request reimbursement.

Please complete and return the application and indicate whether you have applied for Worker's Compensation benefits. After your examination, Dr. Horton will return the completed Physician's Report Form and provide the Board with a Narrative Description of your current condition. Also include a birth certificate with your application and any other information pertinent to your disability. It is your responsibility to assure the neutral Physician's Report Form is received by this office prior to September 2, 2000.

We are sending you a copy of the Plan Document which further explains the disability provisions. Please return the extra copy of this letter to indicate the date of your appointment. The upcoming meeting is scheduled for October 12, 2000. To insure the Board's review prior to the meeting, send all information to the Plan office before the September 2nd deadline. The following meeting is scheduled for January 11, 2001. The deadline for that meeting is December 2, 2000. Please review the application procedures in Articles 5 & 6 of the Plan document which address filing period requirements. If you have any questions, do not hesitate to contact me.

Very truly yours,

Rose Mary Eves  
Administrative Assistant

Enclosures  
cc: Dr. Horton

Appointment Date: \_\_\_\_\_

## Bert Bell/Pete Rozelle NFL Player Retirement Plan

200 St. Paul Place, Suite 2420, Baltimore, Maryland 21202-2040  
(410) 685-5069 • (800) 638-3186 • Fax (410) 783-0041

March 2, 2000

Mr. Andre T. Royal  
6333 Lilly Pad Court  
Charlotte, NC 28262

Re: Application for Disability Benefit  
Bert Bell/Pete Rozelle NFL Player Retirement Plan

Dear Mr. Royal:

Pursuant to our conversation, enclosed is an application for disability benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Also enclosed is a Physician's Report Form which should be completed by the neutral physician in your area. Please make an appointment with:

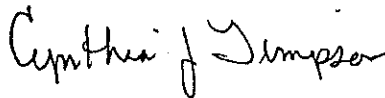
Dr. Raymond Martin  
Houston Neurology Associates  
Suite 111  
8200 Wednesbury Lane  
Houston, TX 77074  
(713) 777-4122

As you know, the Bert Bell/Pete Rozelle NFL Player Retirement Plan assumes no responsibility for payment of fees in conjunction with your examination unless you are awarded a benefit. In other words, you are responsible for the exam fee, and if approved, you may request reimbursement.

Please complete and return the application and indicate whether you have applied for Worker's Compensation benefits. After your examination, Dr. Martin will return the completed Physician's Report Form and provide the Board with a Narrative Description of your current condition. Also include a birth certificate with your application and any other information pertinent to your disability. It is your responsibility to assure the neutral Physician's Report Form is received by this office prior to March 18, 2000.

We are sending you a copy of the Plan Document which further explains the disability provisions. Please return the extra copy of this letter to indicate the date of your appointment. The upcoming meeting is scheduled for April 27, 2000. To insure the Board's review prior to the meeting, send all information to the Plan office before the March 18th deadline. The following meeting is scheduled for July 13, 2000. The deadline for that meeting is June 3, 2000. Please review the application procedures in Articles 5 & 6 of the Plan document which address filing period requirements. If you have any questions, do not hesitate to contact me.

Very truly yours,



Cynthia Timpson  
Benefits Coordinator

Enclosures  
cc: Dr. Martin

Appointment Date: \_\_\_\_\_